

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
Bay City, MI 48708

211 W. Fort Street  
17th Floor  
Detroit, MI 48226

226 W. Second Street  
Flint, MI 48502

**Order Party: Name, Address and Telephone Number**

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Case/Debtor Name:**

**Case Number:**

**Chapter:**

**Hearing Judge** \_\_\_\_\_

\*\*\* Bankruptcy      Adversary

Appeal      Appeal No: \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** \_\_\_\_\_ **Time of Hearing:** \_\_\_\_\_ **Title of Hearing:** \_\_\_\_\_

Please specify portion of hearing requested:    **"Original/Unredacted"    "Redacted"    "Copy"    "2<sup>nd</sup> Party**

Entire Hearing      Ruling/Opinion of Judge      Testimony of Witness      Other

Special Instructions: \_\_\_\_\_

**Type of Request:**

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Transcript To Be Prepared By \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

Order Received: \_\_\_\_\_

Transcript Ordered: \_\_\_\_\_

Transcript Received: \_\_\_\_\_

**Signature of Ordering Party:**

Date: \_\_\_\_\_

By signing, I certify that I will pay all charges upon completion  
of the transcript request.